

IN THE UNITED STATES DISTRICT COURT
FOR THE Middle DISTRICT OF TENNESSEE
DIVISION

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JUN 24 2016

U. S. DISTRICT COURT
MID. DIST. TENN.

Jonathan Salada Name)

Prison Id. No. 00564095)

____ Name)

Prison Id. No. _____)

Plaintiff(s))

v.)

Putnam Co. Sheriff Dept. Name)

Sgt. Jamie Emmerton Name)

Defendant(s))

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. 2:16-0032
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial Yes No

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

Yes No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____

Defendants _____

2. In what court did you file the previous lawsuit? _____

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? _____

4. What was the Judge's name to whom the case was assigned? _____

5. When did you file the previous lawsuit? _____ (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? _____

7. When was the previous lawsuit decided by the court? _____ (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

Yes No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? NAME: Bledsoe County Correctional Complex
ADDRESS: I/m#00564095 / Jonathan Salada

Bledsoe Co Correctional Complex
1045 Horsehead Rd. Pikeville, TN 37367

B. Are the facts of your lawsuit related to your present confinement?

Yes No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

NAME: Putnam County Sheriff Dept. (Jail) ADDRESS: 421 E Spring St
Cookeville TN 38501

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

Yes No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

Yes No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? _____

2. What was the response of prison authorities? _____

G. If you checked the box marked "No" in question II.E above, explain why not. _____

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

Yes No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

Yes No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Complaint 1: Asked Sgt Jamie Emmeron to turn water back on.
Complaint 2: Told multiple personnel how they were not properly taking care of me

Additional: Asked for notarization, waited 2 weeks before I sent packet unauthorized

2. What was the response of the authorities who run the detention facility? (Co 1: Jamie Emmeron laughed & walked away) (Co 2: no action taken) (Additional: No action was taken to notarize anything)

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Jonathan Seloda

Prison Id. No. of the first plaintiff: 00584095

I/M # 00564095 / Jonathan Salada
Bledsoe County Correctional Complex

Address of the first plaintiff: 1045 Horsehead Rd.
Pikeville, TN 37367

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: Jonathan Salada

Prison Id. No. of the second plaintiff: 00564095

I/M # 00564095 / Jonathan Salada
Bledsoe Co Correctional Complex
1045 Horsehead Rd.
Pikeville, TN 37367

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Putnam County Sheriff Dept

Place of employment of the first defendant: Putnam County Sheriff Dept.

Putnam Co Sheriff Dept.

421 E Spring St

The first defendant's address: Cookeville TN 38501

Named in official capacity? Yes No

Named in individual capacity" Yes No

2. Name of the second defendant: Sgt Jamie Emmerton

Place of employment of the second defendant: Putnam Co Sheriff Dept. (Jail)

The second defendant's address: Putnam Co Sheriff Dept.

421 E Spring St

Cookeville, TN

Named in official capacity? Yes No

Named in individual capacity" Yes No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

MENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four 4 sides.

① On April 23rd, 2016 The entire Unit (max pod) was "Dry-Celled", or cut off from running water for 6 hours by Sgt. Jamie Emmerton. Sgt. Jamie Emmerton was asked to turn the water back on, he simply laughed and walked away. C/o Vonne, and C/o Maynard were also asked to turn the water on. This was at separate times and they both stated that it was up to the Sgt. I was thirsty and also had waste in my toilet /couldn't wash my hands. I was NOT provided with anything to drink during the period of time the water was shut off, I suffered harm via sore throat and dehydration. I became light headed and had to sit down a few times. More importantly it prevented me from exercising, which plays a key role in my diabetes management. Sgt. Jamie Emmerton is the one who shut off or authorized the shutting off of max pod units water. Putnam County Sheriff Dept. is involved because they are his employer and the jail is their facility. This occurred in max pod and my cell assignment was mx8.

[Defendants: Putnam Co. Sheriff's Dept., Sgt. Jamie Emmerton]

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. Putnam County Sheriff Dept. (seek compensation for mistreatment)
- B. Sgt. Jamie Emmerton (wish Sgt. Jamie Emmerton was reprimanded)
- C. _____ and Seek compensation for mistreatment
- D. _____
- E. _____
- F. I request a jury trial. Yes No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: John Salada Date: _____

Prison Id. No. 00564095
I/m #00564095 / Jonathan Salada
Address: Bledsoe Co Correctional Complex
1045 Horsehead Rd.
Pikeville, TN 37367
(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED *IN FORMA PAUPERIS*, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED *IN FORMA PAUPERIS, TOGETHER*. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

In The United States District Court
For the District of Tennessee
Division

Complaint #2:

NAME: Jonathan Saloda

Prison ID: 00564895

- Plaintiff -

Civil Action Number

(To be assigned by Clerk's

Office, Do not write in Space.)

v.

NAME: Putnam Co. Sheriff Dept.

NAME: Southern Health Practices (SHP)

NAME: Nurse Daniel (SHP)

NAME: Nurse Deborah (SHP)

NAME: Nurse Jessica (SHP)

NAME: Jail Dr. (SHP)

- Defendants -

#

★ (Same Civil Action #) ★

case# 2:16-cv-00032

Jury Trial Yes No

III. B.

Complaint #2

1. NAME: Putnam County Sheriff Dept.

Employment: Putnam Co. Sheriff Dept (Jail)

Address: Putnam Co Sheriff Dept.
421 E Spring St
Cookeville, TN 38501

official Capacity Yes No
Individual Capacity Yes No

2. NAME: Southern Health Practices

Employment: Putnam Co Sheriff Dept. (Jail)

Address: 421 E Spring St
Cookeville TN 38501
Official Capacity Yes No
Individual Capacity Yes No

3. NAME: Jail Dr.

Employment: Southern Health Practices

Address: 421 E Spring St
Cookeville TN 38501

Official Capacity Yes No
Individual Capacity Yes No

4. NAME: Nurse Deborah

Employment: Southern Health Practices

Address: 421 E Spring St
Cookeville TN 38501

Official Capacity Yes No
Individual Capacity Yes No

5. NAME: Nurse Daniel

Employment: Southern Health Practices

Address: 421 E Spring St
Cookeville TN 38501

Official Capacity Yes No
Individual Capacity Yes No

6. NAME: Nurse Jessica

Employment: Southern Health Practices

Address: 421 E Spring St
Cookeville, TN 38501

Official Capacity Yes No
Individual Capacity Yes No

V. Relief Requested:

- A.) Putnam Co. Sheriff Dept. - seek compensation for mistreatment/damages suffered
- B.) Southern Health Practice - seek compensation for mistreatment/damages suffered
- C.) Jail Dr. (SHP) - want him reprimanded & seek compensation for mistreatment/
Damages suffered
- D.) Nurse Deborah (SHP) - want her reprimanded & seek compensation for
mistreatment/Damages suffered
- E.) Nurse Daniel (SHP) - want him reprimanded & seek compensation for
mistreatment/damages suffered
- F.) Nurse Jessica (SHP) - want her reprimanded & seek compensation for
mistreatment/damages suffered
- G.) I Request A Jury Trial YES NO

VI. Certification

John Jaloeka

ID: 00564095

Address: I/m # 00564095
Bledsoe Co Correctional Complex
1045 Horsehead Rd
Pikeville, TN 37367

IV

Complaint #2 - (Defendants: Putnam Co. Sheriff Dept., Southern Health Practices, Nurses Daniel, Deborah, and Jessica.) Putnam Co. Jail does not supply any diabetic with snacks unless requested. When Blood Sugar is low, inmate must press button and ask guard to call nurse, the nurse checks your Blood Sugar. When low, the nurse issues inmate a snack to raise his or her Blood Sugar to proper level. Snack is unhealthy and always a starch. This process usually takes hours and sometime the nurses didn't arrive at all. Maintaining a low Blood Sugar for long periods of time will damage the body. Results such as poor circulation leading to neuropathy. From inability to exercise due to low Blood Sugar and organ/tissue damage, can derive from low Blood Sugar. Nurses Daniel, Deborah, and Jessica have all taken hours to arrive to treat me. They have even failed to appear at MAX FOI multiple times. SHP is involved as defendant for employing such poorly trained nurses. Ex. (have given me the wrong amounts of insulin before and I corrected them). Harm/Damage suffered: Pain in legs/feet/toes along with what I think is slight Brain Damage. I feel I am not as sharp as I once was. It has had a negative effect on my memory. Also, my vision slowly decayed, now vision includes Blurs/Black dots.

(Defendants: SHP, Nurse Deborah) Told nurse Deborah I was having problems with my vision and was ignored. This occurred at MAX FOI trap door. Now the problems have progressed. She had also ignored a health issue I reported to her earlier in year around beginning of my stay at Putnam Co. I had concerns with my chest pains. This occurred at Nurses office. Harm/Dmg suffered: my chest pains luckily haven't progressed, unfortunately my vision began to fail and continued to until I left Putnam Co. My eyesight is now conflicted with Blurs/Black dots.

(Defendants: Putnam Co., SHP, and Jail Dr.)

→ The first time I saw the Jail Dr. was when the results of my A&C had come in (only one test in 6 months when test should be every three months). This occurred at nurses office. During this check up I showed the Dr. my genitals and he told me I had genital warts. He proceeded to tell me that he could NOT treat me there at Putnam Co. Jail. In his paperwork he identifies 2-3 Bumps. Harm/Dmg suffered: By the time I filed out the original Civil Litigation Packet (MAX), 2-3 Bumps turned into at least 10. Now I have counted 20+. I feel as though I can never have relations with a women ever again. Sgt. Murphy was present in the nurses office with me. He was my escort to and from my pod.

Defendants: Putnam Co., SHP) My legs and feet are not what they once were. Due to a nearly constant low Blood Sugar majority of my stay at Putnam Co. Jail. Having a low Blood Sugar prevented me from exercising my legs. The last month before my transition to prison I was locked down 23Hr in and 1hr out (in MAX Pod, mx8) by C/o Austin Ahrens. I had insufficient time to exercise my legs. This lack of movement has effected the circulation in my legs as well as my feet and toes. The lack of blood in legs, feet, and toes causes permanent damage and increases chances of amputations later on in life. I hope to God that's not the case but shooting and throbbing pains tell me otherwise.

✓ Relief Requested

✓ Putnam Co. Sheriff Dept. (See Compensation, Health Practices
 ✓ Seek compensation for C. Nurses Daniel, Bland, and Jessica (wish they were still there) F. (Key) I request Jury trial

(PROPER NAMES &
ADDRESSES for serving process)

- Important to Court -

I would like to thank the US District Courts office in assisting me with my Civil Litigation Packet and IFP application. It has been a long and stressful process. I cannot begin to explain how big of a help your office has been to me. I would like to again remind the Courts office that I lost all of my paperwork during my transition to prison (Bledsoe County Correctional Complex). I have reconstructed the packet to the best of my knowledge. Although I am confident in my amended complaints, problems arised as additional detail was demanded in (IV. Statement of Fact).

First, not being at the location which my complaints occurred hindered my progress in obtaining Full names and addresses of defendants indicated in Complaint #2.

Second, with my paperwork being lost and I myself not being at Putnam Co. Jail, it has proven impossible to recover the dates I had recorded for incidents indicated in Complaint #2. All defendants in complaint #2 (Nurses/Dr.) can easily be identified by their first names via medical records or employment history. In Complaint #2, claim #1 can be supported by the diabetic binder which contains all Blood Sugar levels recorded by nurses during my stay at Putnam Co. Jail.

Claim #2, should be recorded in my 1st sick call request (Chest Pains). On a later date I reported my vision problems, I doubt she recorded.

Claim #3, Should be in Jail records under my ATC evalution by the Jail Dr. That evalution should also reveal the Jail Dr. name.

• My Final Request is for the office of the US District Court to assist me by retrieving the proper names / addresses for of my defendants for the serving process. I have been unable to do anything from BCCX classification and NEED your help this last time.

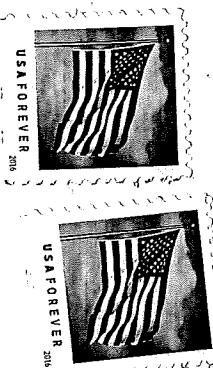
Respectfully Submitted,

John Melada

INM#00564095 Jonathan Salada
Bledsoe County Correctional Complex
1045 Horsehead Rd.
Pikeville, TN 37367

US District Court
Office of the Clerk
800 United States Courthouse
Nashville, TN 37203

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